



Montana Medicaid

CLAIM JUMPER

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NPI Contingency Plan Implemented

ACS and Montana's Healthcare Programs have announced the implementation of a contingency plan for NPI (National Provider Identifier) implementation.

The original implementation date was May 23, 2007. Due to recent Centers for Medicare and Medicaid Services (CMS) and Medicare contingency announcements, the implementation date has been changed to October 1, 2007, to minimize any impact on the provider community.

Providers must continue to use their current Medicaid number through September 30, 2007. Providers who are required to obtain an NPI may also include their NPI with their current Medicaid number on May 23. Beginning October 1, only NPI numbers (or new Medicaid numbers, for atypical providers) may be used unless the provider has contacted ACS to request an extension. To obtain an extension, the provider must demonstrate his or her contingency plan which will be reviewed by DPHHS prior to approval of the extension.

Many providers have already received an NPI and reenrolled with Montana's Healthcare Programs. If you have not received

an NPI and completed your reenrollment, please do so immediately.

All Providers Must Reenroll

The requirement to reenroll applies to *all providers* who bill Medicaid, CHIP or MHSP, including atypical providers who do not require an NPI. All providers must complete their reenrollment by September 28, 2007.

New Claim Form Requirements

Beginning May 23, 2007, providers will be required to use the new CMS-1500 and CMS-1450 (UB-04) claim forms to bill Montana's Healthcare Programs. Providers need to be aware of several changes related to these forms.

All Claims

- Do not bill with your NPI until May 23.
- The Optical Character Recognition software is not able to successfully read the new claim forms at this time. These claims must be data entered which will delay processing. It is acceptable to submit claims on plain white paper without lines instead of using the new forms at this time.
- Providers must update their billing software to ensure that information is placed in the correct field on the new paper forms. Please check with your vendor for assistance.

Institutional Claims

- Form Locator (FL) 01 requires the billing provider's physical address ZIP + 4.
- FL 56 must include the billing healthcare provider's NPI. Atypical providers enter their new proprietary number in FL 57.
- The NPI of the attending provider is required in FL 76 for the following providers: inpatient hospital, outpatient hospital, rural health clinic, Indian Health Services, freestanding dialysis clinics, and federally qualified health centers.
- The NPI of the operating provider is required in FL 77.

- The NPI of any other provider is required in FL 78-79.
- FL 81CC a-d (Taxonomy Codes) require qualifier B3 and taxonomy code.

Professional Claims

- The referring provider's NPI is required in Field 17b.
- The CSCT team number must be entered in Field 19 when billing for CSCT services provided in schools.
- Field 24I is the rendering provider's NPI qualifier. Enter ZZ for taxonomy and ID for atypical provider.
- The shaded area of Field 24J is the rendering provider's ID number. If ZZ was entered in Field 24I, enter the taxonomy code in Field 24J. If ID was entered in Field 24I, enter the new proprietary ID number. If no qualifier was entered in 24I, enter the NPI number in Field 24J.
- In Field 33, the billing provider's physical address ZIP + 4 is required.
- In Field 33A, healthcare providers must enter their NPI number.
- In Field 33B, enter qualifier ZZ and a taxonomy code or qualifier ID and the proprietary number of the atypical provider.

For more information and complete instructions on using the new forms, check out the following websites:

CMS-1500	www.nucc.org
UB-04	www.nubc.org
Both	www.cms.hhs.gov

Montana Healthcare Addresses Pharmacy Concerns With NPI

Montana's Healthcare Programs welcome the implementation of NPI as a "universal" provider identification number allowing the program to move away from using DEA numbers as the provider ID. Federal law requires a DEA number only for prescriptions for scheduled (CII-CIV) drugs. Using the DEA number as the provider ID extended the scope for which the DEA number was originally intended.

Pharmacies are concerned that the prescriber's NPI may not be readily available and fear their ability to dispense medications may be interrupted. Montana's Healthcare Programs are encouraging all prescribers to put their NPI on their prescription pads to ensure it will be available to pharmacies for claims processing (the prescribing provider does not have to be a Medicaid provider). However, the requirement for the prescriber NPI on Point of Sale drug claims will not initially deny and instead will be set to a "pay and report" edit, until some time after October 1, 2007, to allow the prescriptions to process. This edit will alert the pharmacist to contact the prescriber to obtain and load that provider's NPI. Further, Montana's Healthcare Programs, with ACS, have developed an internal crosswalk for DEA numbers to NPI within the system to ensure pharmacies can refill prescriptions without having to re-enter the prescription with the NPI. If you have any further questions or concerns, please contact Wendy Blackwood, Pharmacy Program Officer, at 444-2738 or wblackwood@mt.gov

Submitted by Wendy Blackwood, DPHHS

Reenrollment and Billing for Nursing Facilities and Contracted Therapists

After the implementation of NPI on October 1, 2007, nursing facilities must bill for services using the nursing home's NPI and taxonomy. The therapist's NPI and taxonomy will be the rendering provider. Nursing homes that bill on paper can bill only one individual rendering on each claim. When billing electronically (837P transactions), multiple rendering lines can be billed on each transaction.

Nursing facilities that employ therapists will need to reenroll each type of employed therapist separately using the nursing facility NPI and the taxonomy for the type of therapist (occupational, physical, etc.). They would then bill with their nursing home NPI and the taxonomy for the type of therapist billing, and the rendering provider would be the same NPI and taxonomy. Paper claims allow billing only one therapy type per claim, while electronic claims allow billing multiple types.

Reenrollment and Billing for Mental Health Centers

Before the October 1, 2007, implementation of NPI, mental health centers will need to reenroll for each type of provider and service—such as case management, therapeutic group home, and therapeutic foster care—for which they now bill. Centers must reenroll each of the service types using their clinic NPI and choosing the provider type for each. For example, enroll for case management by choosing case management—mental health in the provider type drop-down box and enter the center's NPI. When the mental health center bills for these services, they will bill with the center's NPI and the taxonomy for the type of service being provided.

Services currently being billed using the community mental health center provider number will be billed using the mental health center NPI and taxonomy.

Each mental health center has received instructions on procedures for reenrolling their practitioners.

CMS Continues to Raise Awareness of NPI

The Centers for Medicare and Medicaid Services (CMS) is engaged in an extensive campaign to ensure that healthcare providers are aware that they will need a National Provider Identifier (NPI) for use in all electronic transactions. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated that the Secretary of Health and Human Services adopt a standard unique health identifier for healthcare providers. On January 23, 2004, the Secretary published a Final Rule that adopted the NPI as this identifier.

All HIPAA covered healthcare providers, whether they are individuals or organizations, must obtain an NPI for use to identify themselves in HIPAA standard transactions. Once enumerated, a provider's NPI will not change. The NPI remains with the provider regardless of job or location changes. HIPAA covered entities such as providers completing electronic transactions, healthcare clearinghouses, and large health plans, must use only the NPI to identify covered healthcare providers in standard transactions. Small health plans must use only the NPI by May 23, 2008 in standard transactions. When applying for an NPI, CMS urges providers to include all legacy identifiers, not only for Medicare but for all payers. Those reporting a Medicaid number must include the associated State name. This information is critical for payers in the development of crosswalks to aid in the transition to the NPI.

For more information, CMS has erected a Web page devoted to the NPI at <http://www.cms.hhs.gov/NationalProvIdentStand/>.

NPI—Will You Be Ready?

NPI Disclosures by Industry Entities to Industry Entities

A new guidance document is available at <http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/NPIDisclosures.pdf> on the CMS NPI web page. This guidance relates to the disclosure of health care providers' NPIs by health industry entities for the purpose of using NPIs in HIPAA standard transactions.

New Frequently Asked Questions (FAQs) Posted

CMS has posted new NPI FAQs on its website. To view these FAQs, please go to the CMS dedicated NPI web page at <http://www.cms.hhs.gov/NationalProvIdentStand/> and click on Educa-

tional Resources. Scroll down to the section that says "Related Links Inside CMS" and click on Frequently Asked Questions. To find the latest FAQs, click on the arrows next to "Date Updated."

Still Confused?

Not sure what an NPI is and how you can get it, share it and use it? As always, more information and education on the NPI can be found at the CMS NPI page www.cms.hhs.gov/NationalProvIdentStand on the CMS website. Providers can apply for an NPI online at <https://nppes.cms.hhs.gov> or can call the NPI enumerator to request a paper application at 1-800-465-3203.

Units of Service No Longer Defaulting to 1

The claims processing system will no longer default units of service to 1 if the provider bills 0 or leaves units of service blank. All units of service will remain as billed by the provider. Claims with 0 or no units of service will deny. This change affects miscellaneous, dental, and institutional claims.

ACS to Assume Passport To Health Functions

Beginning June 4, 2007, ACS will again be partnering with the Department of Public Health and Human Services to manage the Passport To Health program. ACS will be responsible for Passport enrollment and the Client Help Line. This change will help streamline the program for the Department and providers by having one entity responsible for both provider and client relations.

Contact information for Passport questions (including enrollment, contract and caseload changes) remains the same:

Passport To Health
P.O. Box 254
Helena, MT 59624
1-800-362-8312

For all other Medicaid billing or claim questions, please continue to contact ACS Provider Relations at 1-800-624-3958.

Publications Reminder

It is providers' responsibility to be familiar with Medicaid manuals, fee schedules, and notices for their provider type, as well as other information published in the *Claim Jumper* and on the Medicaid website (mtmedicaid.org).

14,250 copies of this newsletter were printed at an estimated cost of \$.38 per copy, for a total cost of \$5,492.49, which includes \$2,514.56 for printing and \$2,977.93 for distribution.

Alternative accessible formats are available by calling the DPHHS Office of Planning, Coordination and Analysis, at (406) 444-9772.

Recent Publications

The following are brief summaries of recently published Medicaid information and updates. For details and further instructions, download the complete document from www.mtmedicaid.org, the Provider Information website. Select **Resources by Provider Type** for a list of resources specific to your provider type. If you cannot access the information, contact Provider Relations at (800) 624-3958 or (406) 442-1837 in Helena or out-of-state.

Recent Publications Available on Website		
Date	Provider Type	Description
Notices		
03/08/07	School-Based Services	Montana Healthcare Schools Reenrollment and Billing CSCT
03/08/07	Outpatient Hospital, Physician	Cardiac and Pulmonary Rehabilitation No Longer Require a Prior Authorization for Outpatient Settings
03/21/07	Hospital Outpatient, RHC, FQHC, IHS, Physician, Mid-Level Practitioner, Optometrist, Ambulatory Surgical Center, Public Health Clinic, Lab and X-ray	New and Deleted Codes
Fee Schedules		
03/05/07	Dentist, Oral Surgeon, Ambulance, Private-Duty Nursing, Denturist, EPSDT—Chiropractor, EPSDT—Respiratory Therapy	Revised fee schedule
03/05/07	Hospital Outpatient	APC schedule, outpatient procedure fee schedule
03/08/07	Hospital Outpatient	Revised outpatient procedure fee schedule
03/08/07	DME, Audiology, Hearing Aid, Physical Therapy, Occupational Therapy, Speech Therapy, Optometrist, Optician	Revised fee schedule
03/23/07	Dental Hygienist	New fee schedule
Other Resources		
03/09/07, 03/16/07, 03/21/07, 03/30/07	All Provider Types	What's New on the Site This Week
03/05/07	All Provider Types	New CMS-1500 (08-05) and CMS-1450 UB-04 added to Forms page
03/06/07	All Provider Types	News item regarding Recent Postcard Mailing Contains Error
03/07/07, 03/13/07	Pharmacy	Updated PDL and Quicklist
03/12/07	All Provider Types	Revised Medicaid hysterectomy acknowledgement form added to Forms page
03/12/07	All Provider Types	April 2007 <i>Claim Jumper</i>
03/12/07	All Provider Types	FAQs added to NPI Provider Reenrollment page
03/13/07	All Provider Types	Online reenrollment tutorial added to NPI Provider Reenrollment page
03/22/07	All Provider Types	Medicaid Program Information Handbook Insert 2 added to client page
03/23/07	Pharmacy	April, May and June DUR Board agendas; April drug class reviews

Montana Medicaid
ACS
P.O. Box 8000
Helena, MT 59604

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Key Contacts

Provider Information website: <http://www.mtmedicaid.org>

ACS EDI Gateway website: <http://www.acs-gcro.com>

ACS EDI Help Desk (800) 624-3958

Provider Relations

(800) 624-3958 (In and out-of-state)

(406) 442-1837 (Helena)

(406) 442-4402 Fax

Email: MTPRHelpdesk@ACS-inc.com

TPL (800) 624-3958 (In and out-of-state)

(406) 443-1365 (Helena)

(406) 442-0357 Fax

Direct Deposit Arrangements (406) 444-5283

Verify Client Eligibility

FAXBACK (800) 714-0075

Automated Voice Response (AVR) (800) 714-0060

Point-of-Sale Help Desk for Pharmacy Claims (800) 365-4944

PASSPORT (800) 362-8312

Prior Authorization

Mountain-Pacific Quality Health Foundation (800) 262-1545

Mountain-Pacific Quality Health Foundation—DMEPOS/Medical

(406) 457-5887 local, (877) 443-4021, ext. 5887 long-distance

First Health (800) 770-3084

Transportation (800) 292-7114

Prescriptions (800) 395-7961

Provider Relations
P.O. Box 4936
Helena, MT 59604

Claims Processing
P.O. Box 8000
Helena, MT 59604

Third Party Liability
P.O. Box 5838
Helena, MT 59604